



**STATE CERTIFICATION - APOSTILLE OR AUTHENTICATION
REQUEST FORM**

Filing Fee: \$10.00 per document

Please charge to my Pre-Paid Account # _____

**Enclosed is a check or money order for the amount of \$ _____ to cover the cost of
_____ documents.**

1. CHECK WHICH CERTIFICATION YOU ARE REQUESTING.

_____ APOSTILLE

_____ AUTHENTICATION

2. The document(s) is/are being certified for the country of: _____

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR THE RETURN OF THE DOCUMENTS.

3. COMPLETE YOUR CONTACT INFORMATION:

NAME

(AREA CODE) PHONE NUMBER

ADDRESS

CITY STATE ZIP CODE

E-MAIL ADDRESS

SIGNATURE

DATE

**Mail your request to:
SECRETARY OF STATE
NOTARY AND CERTIFICATION SERVICES
PO BOX 202801
1301 6TH AVENUE
HELENA MT 59620**

**If you have any questions please visit our website www.sos.mt.gov/notary
Contact us at (406)444-1877 or sosnotary@mt.gov**